

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			<i>05/20</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/10/61
2	✓	✓	3/13/62
3	✓	✓	10/24/62
4	✓	✓	6/1/63
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
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14	✓	✓	
15	✓	✓	
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49	✓		
50	✓		

Claim	Final	Original	Date
41	✓	✓	8/13/61
42		✓	10/22/62
43		✓	6/1/63
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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